

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/581377	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1		1							
2		1							
3		1							
4		1							
5		1							
6		1							
7		1							
8		1							
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45		1							
46		1							
47		1							
48		1							
49		1							
50		1							
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

  

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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91		1				
92		1				
93		1				
94		1				
95		1				
96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 097581377	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
101			1				
102			1				
103			1				
104			1				
5							
6							
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49							
50							
TOTAL IND.		12	12				
TOTAL DEP.		64	64				
TOTAL CLAIMS		76	76				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS